

MULTIPLE, DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER' NO. 09/351,051 FILING DATE 7-10-99
APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	C
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1'	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7	/						57					
8		/					58					
9		/					59					
10		/					60					
11	/						61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20	/						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL INC.					
TOTAL DEP.	17						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					